2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# L05000123168

Entity Name: GVM SERVICES LLC

Current Principal Place of Business:

1112 WESTON RD.#291
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1112 WESTON RD.#291
WESTON, FL 33326

New Mailing Address:

FEI Number: 51-0563120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIPOL, ZULAY
1001 SORRENTO DRIVE
WESTON, FL 33326 US

Name and Address of New Registered Agent:

MARTIN ACCOUNTING & TAX SERVICE
7678 NW 186 ST
MIAMI, FL 33015 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARTIN COLLANTE 01/04/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	CASTRO, GUSTAVO	
Address:	1001 SORRENTO DRIVE	
City-St-Zip:	WESTON, FL 33326 US	
Title:	MGRM	( ) Delete
Name:	CASTRO, VIRGINIA	
Address:	1001 SORRENTO DRIVE	
City-St-Zip:	WESTON, FL 33326 US	
Title:	MGRM	(X) Delete
Name:	TOVAR, ADOLFO L	
Address:	1112 WESTON RD.#328	
City-St-Zip:	WESTON, FL 33326	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: VIRGINIA CASTRO MGRM 01/04/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date